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EVALUATION OF PATHOLOGICAL GAMBLING AND DESTRUCTIVE GAMBLING BEHAVIOUR: FINDINGS FROM BET9JA PLAYERS IN JOS NORTH LOCAL GOVERNMENT AREA OF PLATEAU STATE

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ABSTRACT

Despite the negative and economic implications associated with gambling, gambling stations seem to be striving with large followership. Purpose of the study is to evaluate gambling addiction among players of bet9ja. The objectives of the study are to identify whether males will have higher prevalence of gambling addiction than females, to establish to what extent will adults rate higher in prevalence than adolescents? And to examine whether gambling addition provenance will differ in terms of religious affiliation. This study evaluated gambling addiction among players of bet9ja. 146 participants comprised 137 males representing 93.8% and 9 females representing 6.2% participated in the study that utilized survey research design. The mean age of participant was 22.47 and a standard deviation at 4.46. The convenient sampling technique was used to obtain study population from Bet9ja stations at Tudun Wada, Terminus, Gada Biu, Farin- Gada and Filin Sokwa in Jos North Local Government Area, Plateau State. Data were collected using the Canada Problem Gambling Index (CPGI). Three hypotheses were formulated and tested with chi- square at P>.05. Result of first hypothesis revealed that men have higher prevalence of gambling addition than females, X2= 3.553, df=1 P = 0.059 (P>.05). Second hypothesis also revealed that adults population did not have higher prevalence of gambling addition than adolescents, X2–0.063, df= 1, P= 0.802 (P<.05); and third hypothesis showed that Christians have higher prevalence than Muslims, X2 = 8.918, df=1, P=0.003 (P<.05). This study concludes that males have high gambling addiction than their female counterparts; both adults and adolescents are involved in pathological gambling and at risk of implications that arise from it, and Christian have high prevalence of gambling addiction than Muslims in the study area. It is recommended that other studies be conducted where both faiths have significant study sample.

KEY WORDS:

Evaluation, Pathological, Gambling, Destructive, Addiction and Bet9ja.

Introduction

Gambling and gambling addiction have been associated with risky personality, risky decision-making, and pro-risky attitudes. Such personality traits are as sensation-seeking, impulsivity, and Low self-control have been associated with risky behaviours in various domains (Zuckerman, 2007). Sensation-seeking

describes a preference for varied, stimulating experience and willingness to engage in risk-taking in order to obtain such experiences (Zukerman, 1994). In Nigeria, the National Lottery Regulatory Commission (NLRC) is the body saddled with the responsibility of regulating lottery/gambling operations in order to promote transparency and accountability as well as protecting the interests of players, stakeholders and the public at large. It was established by the National Lottery Act (2005). Legally permitted lottery/gambling operations by the commission are: charitable lottery, promotional lottery, short-message service (SMS) lotteries, sport lottery, Unstructured Supplementary Service Data (USSD) lotteries, and others. Thus, internet football betting/gambling, which is the focus of the present study, falls under sports lottery (betting). The NLRC referred to sports betting as any activity involving prediction of sporting results and placing a bet on its outcome in anticipation of winning a set prize. All organizations currently operating the business of sports lottery (betting) and the intending ones in Nigeria are required to obtain a Sport Lottery Operator Licences (SLOL) to ensure that only those who are 18 years old and above are allowed to play. Sport betting centres are located across the landscape of both remote and major cities in Nigeria. In most instances, such centres also serve as match viewing centres, where football fans come to watch their favourite football teams play. Bettors can bet with as low as 100 naira in shops, over the phone and even online. All these indicate that internet football betting/gambling is thriving in Nigeria.

Gambling has been generally defined as betting or wagering money or something of value on an event that has an uncertain outcome with the possibility of winning money or materials (Korn& Shaffer, 1999; Potenza, Fiellin, Heninger, Rounsaville, & Mazure,2002). Gambling in modern times mean wagering money on chance activities or events with random or uncertain outcomes (Devereux, 1979), thus in this sense gambling implies an act whereby the participant pursues a monetary gain without using his or her skills (Brenner and Brenner, 1990). Gambling is therefore, a form of behaviour that has been identified to have serious consequences on gambler's health, study-habit, academic performance, and has been reported to be related to some criminal related behaviour (Oyebisi. Alao, & Popoola, 2012). Gambling traditionally includes activities such as wagering at casinos, on lotteries, animal racing, card games, sporting events, video lottery, and Internet card and casino games (Potenza et al., 2002).

However, gambling may include everyday activities that might not normally be associated with connotations of the word gambling such as raffles sponsored by communities or organizations, bingo, or childhood board games. Gambling can also be understood as the established practice of staking money or other valuables on games or events of an uncertain outcome (Binde, 2005). People are usually aware that gambling poses serious risk to those who are predisposed to gambling excessively. However, it is also acknowledge that gambling can have positive

consequences for communities. (For instance, through providing a source of revenue for sporting clubs or humanitarian) and can be enjoyable to pass time for individuals, (Abbot & Cramer, 1993; Vong, 2009). Earlier researchers such as Chiu and Storm, (2010); Delfabbro, Lambos, King, and Puglies, (2009); Delfabbro and Thrupp, (2003); Orford, Griggits, Wardle, Sproston, and Erens, (2009);Wardle, Moody, Spence, Orford, Volberg, Jotangia & Dobbie (2011); Williams, Connolly, wood and Nowatzki, (2006); Wood and Griffiths, (2004) found that those who hold more positive attitudes toward gambling are more likely to gamble and experience gambling related problems.

Gambling addiction is also known as pathological gambling, compulsive gambling or gambling disorder. It is an impulse control disorder, if one is compulsive gambler, they cannot control the impulse to gamble even when it has negative consequences on them or their loved ones. Histories of gamblers who lose control recur through the centuries, and from early times their behaviour was labeled an addiction (France, 1902; Wildman, 1997). According to Diagnostic and Statistical Manual (DSM-IV-TR) Pathological gambling represents the most severe pattern of excessive or destructive gambling behavior and is the only gambling-related disorder for which there exist formal diagnostic criteria in the current formation. (Grestein, Hoffman & Larrison, 1999).

Over the past 20 years there has been a liberalization of the operation and regulation of gambling activities internationally with only a minority of jurisdiction continuing to strictly prohibit any form of gambling (Temcheff, St. Pierre & Derevensky, 2011). No wonder, the Problem Foundation of New Zealand and Centre for Gambling Studies (2003); May-chahal, (2004); Derevensky and Gillespie (2005); Volberg, (2010); Derevensky and Sklar, (2010) reported that, gambling has become a widely accepted, socially desired entertainment and leisure activity and a common feature of charity fund raising events. As a consequence, Messerlian, Derevensky and Gupta, (2005) explains that, contemporary children and young people have unprecedented exposure to a range of gambling opportunities. This has promoted concern about children's ability to gamble underage even in regulated venues, particularly as gambling has become conceptualized as a public health issue in the last decade (Messerlian, Derevensky & Gupta, 2005).

The government of Nigeria has legalized three types of gambling; sports betting, lottery games and some forms of casino gambling. The Gambling Legislation and Regulation in Nigeria chapter 22 of the Criminal Code Act enacted in 1990, the government of Nigeria defined exactly what constitute illegal forms of gambling. Unlawful gambling refers to roulette, dice games except backgammon, non-skill based card games, cha-cha and cowries games, and any other game of chance which are not favourable to the player. The Act however, allows betting business

and racing totes. In addition to the Criminal Code Act, there are other gambling laws that govern the operation of gaming machines in Nigeria. There is the Gaming machine (prohibition) Act of 1977, which made it illegal to import or own any gaming machine. The exception to all of this is licensed land-based Casino gaming establishment, which can offer slot machines and other casino gaming establishment. The National Lottery Act of 2004 began regulating a national online lottery game, Lotto Nigeria. The aim of the Nigerian National Lottery is to raise funds for the nation. The government of Nigeria has licensed three land-based casinos in Nigeria. The Federal palace casino in Lagos, Eko Hotel & suites in Lagos and Transcorp Hilton in Abuja is Nigeria's third casino. Gambling Africa (2017)

Professional service network, price water house coopers (PCW) 2017, in their latest report on gambling in Africa, identified South Africa, Nigeria and Kenya as the African countries with the largest and fastest growing markets in Africa. With a 4 years average growth rate of 6.93 percent, gambling in these three countries will be worth around $37 billon by 2018.

In Nigeria today, as a result of technological development and availability of internet facilities, the level of youth engagement in gambling behaviour such as 1960 bet is increasing. This is a problem among this population. Present indication shows that more and more people are involving themselves in this activity; some have even perceived it as a source of income and abandoned other activities that can provide them with better future. Recent data shows that Nigerians spend about 1.8 billion naira daily on online sport betting while some people benefit from this activity, majority tends to lose their money in this activity (Oyebisi, Alao,& Popoola, 2012).

With few exceptions (eg. Lindagren, Youngs, McDonald, Klenow & Schriner, 1987; Volberg & Banks, 1994), gender comparisons are rare in gambling research, especially that on problem gambling (Mark & Leiseur, 1992). However, as gambling availability grows, more women are drawn into gambling and can become problem gambling. Prevalence studies show that over one- half of adult American women gamble and up to one third of the nation's problem gamblers are women (Commission, 1976; Lesieur, 1988, Volberg & Steadman, 1988 & 1989).

Methodology Population

The population in this study was 146 Bet9ja players aged between 15-33 years, comprised male and female in Jos- North Local Government Area of Plateau State.

Study Design

Survey research design was used in the study. Survey design is a quantitative research that identifies trends in attitude, opinion, behaviour or characteristics of a group of people. It was used to evaluate percentage differences of the rate at which target populations engage in gambling. A non- pathological gambling is indicated by a score of "O" while a score of "8^{+}" indicated problem gambling.

Sampling Technique

The convenient sampling technique was used to obtain the study participants. This sampling technique was used because a researcher could obtain a requisite available.

Instrument

The Canadian problem gambling index (CPGI) was developed by Harold J. Wynne Ph.D, Wynne Recourses Edmonton and Alberta Canada in January 2003. This was used to assess the severity of problem gambling for this study. The CPGI consist of 9 items and captures both gambling behavior (e.g "Have you gone back anther day to try to win the money you lost?") and the adverse consequences of gambling (e.g" Has your gambling caused you any health problems including stress or anxiety?"). Using a 4 point likert scale for each item ranging from, "0" (Never) "1" (Sometimes) to "2" (Almost Always), "3" (Always). Scores are summed across the whole scale and range from 0 t0 27. Risk levels as set by Ferris and Wynne were as follows 0=Non-problem gambling, 1-2=Low risk gambling, 3-7 Moderate risk gambling and 8+=Problem gambling. Research indicates that the CPGI is psychometrically sound with demonstrated high internal consistency (á=.84-92). Stability (test –retest at 3-4 week .78), and validity with high correlation between the CPGI and other measures of problem gambling. The Chronbach's Alpha was over .90 in both samples.

Procedure

The researcher with two research assistants went Bet9ja stations in Tudun Wada, Terminus, Gada Biu, Fring Gada and University of Jos areas within Jos North Local Government Area, with a letter of introduction from the department of psychology Plateau State University Bokkos. After formal introduction, participants were briefed, their consent sought and obtained, and thereafter issued questionnaires with instructions to follow and tick their responses sincerely as each statement applies to them. Each participant filled the questionnaires within 20 minutes. Participants were debriefed and appreciated for their participation, after which the researcher departed.

Result

Table 1: Socio-demographic characteristics of participants

	Frequency	Percentage %
Mean ± SD Age	22.47±4.46	
Minimum Age	15	
Maximum Age	36	
Adolescents	25	17.1
Adults	121	82.9
Occupation		
Employed	4	2.7
Unemployed	19	13.0
Self employed	5	3.4
Student	118	80.8
Religion		
Christian	141	96.6
Islam	5	3.4
Gender		
Male	137	93.8
Female	9	6.2
Marital Status		
Married	7	4.8
Single	139	95.2

Result of table 1 showed that the mean age of participant was 22.47 with a standard deviation of 4.46. The minimum age of participants was 15 years while the maximum age was 36 years. Majority 121 (82.9%) of the study participants were adults. The data on occupation revealed that the majority 118 (80.8%) of the participants were students. More Christians 141 (96.6%) participated in the study than those of the Islam faith. Regarding gender and marital status there were more males 137 (93.8%) and Singles 139 (95.2%) than females and those married. Majority 91 (62.3%) of the participants play 9jabet 4 times a week. Regarding the amount spent on playing 9jabet weekly, majority 99 (67.8%) of the study participants spent less than ₦ 1000.

Hypothesis one

Males will have higher prevalence of moderate risk gambling than their female counterparts

Table 2: Chi- square analysis of prevalence rate of moderate risk gambling in terms of gender

	Gender		Total	Chi-square($\div^2$)	df	p-value
	Male	Female				
Problem Gambling severity index						
Moderate Risk Gambler	8	2	10			
Problem Gambler	129	7	136	3.553	1	.059
Total	137	9	146			

Result of table 2 revealed that males did not have higher prevalence of moderate risk gambling than females, $\div^2 = 3.553$, df = 1, p = 0.059 (p>.05). The study hypothesis that males will have higher prevalence of moderate risk gambling than their female counterparts was not supported.

Hypothesis two

Adults will have higher prevalence of problem gambling than adolescents

Table 3: Chi- square analysis of prevalence rate of problem gambling in terms of age

	Age		Total	Chi-square ($\div^2$)	df	p-value
	Adolescent	Adult				
Problem Gambling severity index						
Moderate Risk Gambler	2	8	10			
Problem Gambler	23	113	136	.063	1	.802
Total	25	121	146			

Result of table 3 revealed that adults did not have higher prevalence of problem gambling than adolescents, $\div^2 = 0.063$, df = 1, p = 0.802 (p>.05). The study hypothesis that adults will have higher prevalence of problem gambling addiction than adolescents was not supported.

Hypothesis three

The prevalence of problem gambling will differ in terms of religious affiliation of participants

Table 4: Chi- square analysis of prevalence rate of problem gambling in terms of religion affiliation

	Religion		Total	Chi-square ($\div^2$)	df	p-value
	Christian	Islam				
Problem Gambling severity index						
Moderate Risk Gambler	8	2	10			
Problem Gambler	133	3	136	8.918	1	.003
Total	141	5	146			

Result of table 4 revealed that Christians significantly had higher prevalence of problem gambling than those of the Islamic faith, $\div^2 = 8.918$, df = 1, p = 0.003 (p<.05). The hypothesis that the prevalence of problem gambling will differ in terms of religious affiliation of participants was supported.

Discussion

Findings of this study aimed at evaluation of pathological gambling and destructive gambling behaviour among players of Bet 9ja in Jos North Local Government Area, Plateau State, Nigeria. Hypothesis 1 revealed that both male and female who engages in gambling are at risk and reported high prevalence of

pathological gambling. This finding contradict the finding of Winn and Heeter (2009); who revealed in a study that, female gamblers in U.S.A have less free time than men to engage in problematic gambling.

With respect to age, findings of hypothesis 2 revealed that players of Bet9ja in Jos-North Local Government Area (LGA) reported some prevalence of pathological gambling. This result contrasted with study outcome of Markin (2007), who reported in a study that incidence of pathological gambling is higher among adults communities of colour with rates two times higher than whites.

Result in Hypothesis 3, showed that Bet9ja players of Christian faith rate higher in pathological gambling prevalence than those of Islamic faith. This result is consistent with a study by Eboh (2015) where Christian have 58.8% prevalence over Muslims at 29.6% in the study area.

Conclusion

This study concluded that both male and female Bet9ja players in Jos north L.G.A, reported high prevalence of pathological gambling. This implies that irrespective of a player's gender, they are susceptible to destructive gambling beahviour.

Also, adults as well as adolescents in the study area were at par in pathological gambling prevalence rate, implying that all players from minimum age of 15 in this study are pathological gamblers.

Finding also posited that Christians in the study area reported higher pathological gambling prevalence rate than those of Islamic faith. This result might be due to Christian population around where Bet9ja stations that, future research be conducted where both faith have significant sample representation. There is need for parents, government and other significant individuals to regulate gambling activities so as to prevent this trend to degenerate to other severe consequences.

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